

# FLORIDA ATLANTIC UNIVERSITY

## OFFICE OF THE REGISTRAR

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### REPEAT SURCHARGE APPEAL

- Please attach a copy of your unofficial transcript and circle or highlight the course you are appealing.  
\*\*\***(We cannot process without a transcript)**\*\*\*

- Please explain why you feel you should not be charged a Repeat Course Surcharge.  
\*\*\***(Use additional paper if necessary)**\*\*\*

*Please allow three to five business days to process your request*

Student I.D. (Z #): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

FAU E-mail: \_\_\_\_\_

Semester Surcharge Applied (include year): \_\_\_\_\_

Course(s) Charged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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